

CENTRAL OFFICE BUILDING

501 K Street, Reedsburg, WI 53959

Phone: (608) 524-2016 Fax: (608) 768-8927

www.rsd.k12.wi.us

BACKGROUND CHECK AUTHORIZATION

In order to provide a safe and healthy environment for school-sponsored activities, it is district practice to require a background check for anyone who may be in direct contact with students. In doing so, we may review relevant public documents regarding criminal activity. For this reason, please provide the information below.

Name (First Middle Last)	Current Address (Street Address)
Maiden Name (if applicable)	City, State, and Zip Code
Other Name(s) Used	Former Address #1 (Street Address)
Date of Birth	City, State, and Zip Code
Place of Birth (City, State, and Zip Code)	Former Address #2 (Street Address)
County of Birth	City, State, and Zip Code
Email Address	Student(s) Name
Current Phone Number	Relationship
If you have lived in a state other than Wisconsin in the last 10 years, please list:	

I authorize the School District of Reedsburg to process my application for volunteer services by reviewing my background. This may include the review of relevant public documents regarding criminal activity. I hereby release the School District of Reedsburg, its employees, representatives, and such individuals or organizations from all liability or claims for any damage whatsoever incurred in obtaining or furnishing such information. All results will be kept confidential.

Please return this completed form to our Central Office Building or your child's school office. An approved background check must be on file PRIOR to volunteering in any capacity.

Signature

Date